

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

**Instructions**

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 290 Baton Rouge LA 70809-7017, (504) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

**FOR OFFICE USE ONLY**Postmark Date: 2-5-98

LSURP

1980620

1. NAME SPRAGUE LAUREN D.  
Last First MI2. BUSINESS PHONE (912) 234-12613. BUSINESS ADDRESS P. O. Box 339, Savannah, GA 31402-0339  
Street and No. City State Zip4. EMPLOYER SAVANNAH FOODS & INDUSTRIES, INC.Mailing: P. O. Box 339, Savannah GA 31402-03395. EMPLOYER'S ADDRESS 2 E. Bryan Street, Savannah, GA 31402  
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes XX No \_\_\_\_\_

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business such is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name SAVANNAH FOODS & INDUSTRIES, INC.Address P. O. Box 339, Savannah, Georgia 31402Business or purpose Sugar refining, marketing and sales☐ New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☒ Terminated Representation as of January 28, 1998

## SUPPLEMENTAL REGISTRATION FORM



2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_
State of Georgia

County \_\_\_\_\_

City of Chatham

Before me, the undersigned authority, personally came and appeared Lauren D. Sprague, who,  
after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Lauren D. Sprague  
Signature of Lobbyist

Sworn to and subscribed before me on this 28th day of January, 1998

Anne L. Hales  
Notary Public

Rev. 8/97

ANNE L. HALES  
Notary Public Chatham County, Ga.  
My Commission Expires July 11, 2000